Effective October 1, 2000													
CLAIMS AS FILED - PART I  (Column 1) (Column 2) TYPE OR SMALL ENTITY													
TOTAL CLAIMS			35			RA		FEE	OR <b>7</b>	SMALL	FEE		
FOR					BER EXTRA	BASIC		<del> </del>		BASIC FEE		•	
TOTAL CHARGEABLE CLAIMS			3, minus 20= ' /		• ,	_	X\$	9=	<b></b> -	OR			
INDEPENDENT CLAIMS			Ų _ minus 3 = •		• /	,	X40			1	V00		
MULTIPLE DEPENDENT CLAIM PRESENT							<u> </u>			OR			
* If the difference in column 1 is less than zero, enter "0" in column 2								5=		OR	<u> </u>		
CLAIMS AS AMENDED - PART II								AL	L	OR	TOTAL	711441	
		(Column 1)		(Column 3)	SMA	SMALL ENTITY			OTHER THAN SMALL ENTITY				
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IER USLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	,
AMENDMENT	Total	. 42	Minus	4	2	=	X\$ 9	)=		OR	X\$18=		51004
AME	Independent	· 4	Minus	4		=	X40	=		OR	X80=		1000
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		+135	_		1	+270=		
•								TAL		OR OR	TOTAL		
		(Column 1)		(Colum	ın 2)	(Column 3)	ADDIT.	EE		On	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	•	Minus	**		=	X\$ 9	=		OR	X\$18=		
AME	Independent	•	Minus	***		=	X40	_		OR	X80≃		,
Щ	FIRST PRESE	NTATION OF ML	LIIPLE DEP	ENDENT	CLAIM		+135				+270=		
							TO ADDIT. F	ΓAL		OR OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)	-						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š N	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
AME -	Independent	*	Minus	FNDENT.	01.449.4	=	X40:			OR	X80=		•
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=											+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** TOTAL ADDIT. FEE  ** Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

**Application or Docket Number**